



ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

Voucher Number: 01370494

USAS Doc Number:

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK

STE K250

1101 S CAPITAL OF TEXAS HWY

WEST LAKE HILLS, TX 78746-6445

TCode: AP-225-STD**Origin: ONL**

Payee ID/Check/Mail: 1760802397/8/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 762,500.00

Discount Amt Taken: 0.00

Payment Amount: **762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
1	00000131430			TPCN-7	To extend term of contract 30 TPCN-7; JAN 2018; PO#13143	762,500.00

ShipTo ID

2077

Contract#
529-16-0004-00001**Org PmtDt** **IC** **RC**

Invoice DT:	02/20/2018	Req'd Pay DT:	
Inv Recv'd DT:	02/20/2018	Pay Due DT:	03/22/2018
Service DT	01/31/2018	PO DT:	01/31/2018

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Pri/grant	Amount
1.1	725300		0001	716B	5016A	03138	2018	GR	762,500.00

Open Item Key: Conf: N Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into CAPPS

Approved By

Approver Phone(Area+Number)

Date Approved

Icaro, Maricor
Entered By

Contact Name

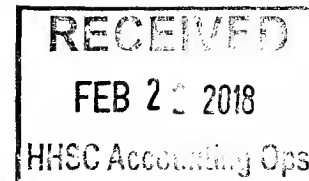
Contact Phone(Area+Number)

V# 01370494

Contract Vendor Invoice Payment Request



HHSC Health Developmental and Independence Services



Name of program

The attached invoice is approved for payment.

Invoice Date:	2/20/18		
Invoice Number:	TPCN-7		
Dept. ID/Speedchart:	716B		
Object Code:	3001		
Contract Number:	529-16-0004-00001		
Contract Name:	Texas Pregnancy Care Network		
TIN:	17608023978		
Mail Code:	0224		
Purchase Order Number:	HHSTX-8-0000106/13 13143 (see attached email) - m		
	Month of Service:	January	Amount: \$ 762,500.00
	Month of Service:		Amount:
	Month of Service:		Amount:

Invoice Received Date:	2/20/18
Payment Due On or Before:	Net 30

Total Amount:
\$762,500.00

CONTACT		DATE
Preparer's Name:	Becky Spaw	2/21/2018
Preparer's Phone:	512-428-1946	

Approval		DATE
Name of approver	Lesley French	2/21/2018

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:	Becky Spaw	2/21/2018

Printed: 2/21/2018 10:32 AM

MW 2/22/18



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Texas Health and Human Services
Health, Developmental and
Independence Services
1100 W. 49th Street
Austin, TX 78756

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-7

Invoice Date: February 20, 2018

Due Date: March 31, 2018

For Professional Services Rendered:**RE:**

Contract Number: 529-16-0004-00001B

TPCN is submitting this invoice according to the terms of Section VIII of the Amended Contract between TPCN and HHSC executed on or about August 31, 2017 (attached).

Payment 7: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: March 31, 2018

\$762,500.00

Amount Due

\$762,500.00

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000013143
	Prepaid & Allow	BEST WAY	Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			03/01/18	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	2077 - Austin:909 W 45th St HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 149347 Ste 211 Austin TX 78751 United States

Vendor: 1760802397 8
TEXAS PREGNANCY CARE NETWORK
STE K250
1101 S CAPITAL OF TEXAS HWY
WEST LAKE HILLS TX 787466445
United States

Bill To: Health, Development and Indepe
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Ste 2100
Austin TX 78751
United States

Fax: 512/428-1970
Email: christy.abe@hhsc.state.tx.us

Purchaser: Perez, Gracie 512/406-2554

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Contract No.: 529-16-0004-00001 Term: 06/01/2016 to 03/31/2018

VENDOR: Texas Pregnancy Care Network
VENDOR CONTACT: John McNamara

AGENCY CONTACT: Kathy Smith
PHONE: 512-487-3380
EMAIL: Kathy.smith01@hhsc.state.tx.us

AGENCY CONTACT: Hugh Addington
PHONE: 512-462-6277
EMAIL: hugh.addington@hhsc.state.tx.us

AGENCY CONTACT: Michael Gill
PHONE: 512-487-3426
EMAIL: michael.gill03@hhsc.state.tx.us

HHSC Purchasing Contact: Gracie Perez, CTPM, CTCM
PHONE: 512-406-2554
FAX: 512-406-2688
EMAIL: gracie.perez@hhsc.state.tx.us

REQ#10052

TGC 2155.144

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. This contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

1-1	To extend term of contract 30 days to 3/31/18	948-48	1.00	EA	762500.00000	\$762,500.00	03/01/2018
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Schedule Total \$762,500.00

Contract ID: 529-16-0004-00001

Contract Line: 0

Release: 2

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-8-0000013143
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/01/18	Revision
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			Page	2

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Item Total for Line 1 \$762,500.00

Total PO Amount \$762,500.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Authorized By

Gracie Perez CTPM

03/01/2018